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CONFIRMATION NO. 9472

<b>SERIAL NUMBER</b> 09/854,811	<b>FILING OR 371(c) DATE</b> 05/14/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 02307K-141581
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/564,329 05/03/2000 PAT 6,541,212 which is a CIP of 09/359,326 07/20/1999 ABN which is a CIP of 09/318,503 05/25/1999 PAT 6,261,791 which is a CIP of 09/251,835 02/17/1999 PAT 6,261,789 which is a CIP of 09/203,939 12/02/1998 PAT 6,258,939 which is a CIP of 09/038,261 03/10/1998 PAT 6,267,960 which claims benefit of 60/124,658 03/16/1999 and claims benefit of 60/120,536 02/17/1999 and claims benefit of 60/113,230 12/21/1998 and claims benefit of 60/074,675 02/13/1998 and claims benefit of 60/071,141 01/12/1998 and claims benefit of 60/228,816 03/10/1997 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
07/02/2001

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 69	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature Initials				

## ADDRESS

20350

## TITLE

METHODS FOR INDUCING AN IMMUNE RESPONSE TO CANCERS EXPRESSING PSCA

<b>FILING FEE RECEIVED</b> 517	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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